

CASE 04-CV-11588

FILED
IN CLERKS OFFICE

2005 JAN 26 P 3:34

U.S. DISTRICT COURT
DISTRICT OF MASS.

MARGARETA LANGUIS

Am "ENTERING" AS

EVIDENCE TO PROVE

CASE BEYOND REASONABLE

DOUBT - (W/ BOOKLET W/ DATES OF

ENTRY TO D.C.) TABLE OF CONTENTS BY PLAINTIFF)

MA/PRACICE + GROSS

NEGLIGENCE OF INEFFECTIVE
COUNSEL

OF MICHAEL HUGO SAMUEL

POLLACK + ALBERT C. FLANDERS

OF "BOOK OF CLAIM FORMS FOR

DON CORNING BREAST

IMPLANTS CLAIMANTS FOR

CLASS 5 THAT I AM

A LEVEL B - ALL FORMS "ORIGINALS"

ENTERED BETWEEN MAY 4/04 -

AND FOR AMENDED ORIGINAL

FORMS AND ACCEPTED 7/29/04

+ UP TO 12/27/04 RECEIVED

TO COURT ALL 3 ATTORNEYS &

D.C. & D.C. JUDGE DENISE F.

2)

HOO of Michigan, For MOTION TO
 "DISPUTE & DISMISS LIES by 3
 ATTORNEYS WHO WASTED ³ ~~Days~~
 Time To LIE ("AN IDEAL
 LIE") FOR MALPRACTICE THEY
 COMMITTED ON MY CASE
 To DON CORNING, FAILURE TO
 FILE W/IN 6 mo. of A DEFICIENT
 LETTER 11/18/03 + (IGNORED by 3
 5th mo) All 3 DEF. & WAS 5th mo. into
 DEFICIENT (6 mo. you lose
 CASE w/ D.C. See BOOK —

INCOMPETENCE,
 MALICE & INTENT WAS
 COMMITTED IN PLAINTIFF'S CASE
 w/ DON CORNING —
 FOR PLAINTIFF TO LOSE CASE

WHY?

PLAINTIFF WOULD LIKE TO
 #1 Amend CIVIL SUIT ON ONE
 DEF. Samuel Pollack FOR

3)

DEFAMING PLAINTIFFS CREDIBILITY
W/ NO EVID. ONLY TO HARASS
PLAINTIFF W/ ALLEGED Depo's -
 (TOLD ONE DAY) by Pollack
 + (NOT THERE AFTER EXCLUDING
 week-ends + Thursdays) Not needed!

HE LIES UNDER COURT
 LETTER FOR motion To Compel
 Depo's By A COURT ORDER -
 NONE of 3 DEFENDANTS
 HAVE Pollack + FLEISHER'S - ALL DISCOVERY
 HAVE NOT SUBMITTED TO
 COURT + PLAINTIFF TO DATE -

1/14/04 Maryetta Longoria
 for on 1/14/04

D. Samuel Pollack for Depo's "Useless"
 DUE TO PLAINTIFF HAS SUBMITTED
 TO COURT, D.C. 3 ATTORNEYS
 + D.C. JUDGE - D. R. HIND
ALL EXHIBITS 33 + (10 PICTURES)

A

AND "Deficiency" LETTER of Samuel
Pollock HE DATED 6/21/04
(2 mo. 1 wk. AFTER FIRED AUG 3.)

"Deficiency LETTER 11/18/03" TO ARGOT
STAND BY Pollock w/ OUT CLIENTS KNOWLEDGE
5 mo. into Deficit on my D.C.
CASE -

WHEREAS DEFENDANTS ADMIT
 A "Deficiency" 6/21/04 IN D.C.
 CASE OF Plaintiff. IT WAS 7 mo
INTO DEFICIT See pg. - 2 of 2
 # 8 Beyond 6 mo IT
 SHOWS PURE NEGLIGENCE OF
INEFFECTIVE COUNSEL & MALPRACTICE
INTENT, NEGLIGENCE, MISREPRESENTATION,
& INCOMPETENCE OF 3 ATTORNEYS
FAILURE TO FILE IN A PROPER
TIMELY MANNER - IN THE BEST
INTEREST OF CLIENT -
WROTE UP UNTIL 5/1/04 THE 3

3)

DEFENDANTS HAD possession of
 "ORIGINAL FORMS" WHICH
OBSTRUCTED JUSTICE FOR PLAINTIFF
 TO GET HER CASE PROCESSED
 DEMANDED BY JON
 CURNING & DEFENDANT SUELL
 POLLACK TELLING CLIENT TO FILE
 HER "ORIGINALS" HERSELF
 WHY?

* If 3 DEFENDANTS HADN'T
 BEEN FIRED 5mo. AFTER "Deficient" 11/18/03
 LETTER 4/14/04, PLAINTIFF WOULD HAVE
 LOST HER CASE -

#2 Amended suit should be
 filed - Client could also prove
 DOCTOR WAYNE J. ORLE SHOULD HAVE
 BEEN SUED w/ ALL EVID. in PLAINTIFF'S
 FILE. & ATTORNEY'S REFUSED TO FILE
AGAINST ATTORNEY -

1) Client did NOT want silicone
 2) Lawyer's LETTER prove DR. NOTES
DOES NOT REFLECT SILICONE/SALINE

6)

3) Operative Reports 3 Various
Sizes Tried —

4) Dr. SURELY knew on VISIT
w/ Plaintiff, (HER FRIEND + Carol
Belmonte's DAUGHTER (Kathy)
knew THAT my Plaintiff HAD
"Silicone" 7 YRS + 1/2 LATER —

(WHEN Plaintiff DEMANDED SHE
"DID NOT WANT SILICONE")
READ EXHIBITS

"Bait + Switch" + Dr. put my life
INTO THIS MEDICAL

DISEASE + PAINS + SUFFERING.
WHY WOULD I HAVE "SILICONE" CASES
+ END UP w/ SILICONE I

* "DID NOT WANT, ALL EXPENSES
IN 3 * Full \$300,000 Each Plus TRIPLE
FINDING EXPENSES SHOULD BE
FOUND IN FAVOR OF Plaintiff
Margaret Anglin pro-se, 1/14/05

7)

THE 3 DEFENDANTS HAVE
NO EVIDENCE TO PROVE
 THEIR LITIGATION IS BASED ON
 PLAINTIFF'S CASE + NOTHING
 FILED + COMPLETED IN THE
 BEST INTEREST OF CLIENT
 UP TO 4/14/04.

Respectfully
 Submitted
 Maryellen Anglin
 1/14/05

C.C. #46 95 Commercial Wharf, Boston Mass.
 C.C. PO Box #102109 - 50 Congress St. Suite
 #30 Boston Mass. 02108.

C.C. D.C. - Mr. Helen Davis - Quinn
 Assistance

C.C. Judge Denise P. Hood - D.C. Judge
 C.C. Judge [unclear] - Clerk of Judge in U.S.D.C.

Exhibit
34x

CLAIM FORMS *for* **DOW CORNING** **BREAST IMPLANT** **CLAIMANTS** **CLASS 5**

*Included in this booklet are the
following Forms and Instructions:*

1. **Participation Form** (★white edge ★)
2. **Proof of Manufacturer Form** (●blue edge ●)
3. **\$5,000 Explant Payment Claim Form** (▲yellow edge ▲)
4. **\$25,000 Rupture Payment Claim Form** (■green edge ■)
5. **\$2,000 Expedited Release Payment or Disease
Payment Claim Form** (◆red edge ◆)

**CLAIM FORMS for
DOW CORNING BREAST IMPLANT CLAIMANTS
CLASS 5**

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**\$2,000 Expedited Release Payment or Disease Payment Claim Form
Instructions (◆red edge◆)**

\$2,000 Expedited Release Payment or Disease Payment Claim Form

(◆red edge◆)

✓ **for DISEASE**
AFTER 6/14/04
(MAY 4, 04-)

**(AFTER AN ATTORNEY'S
FIRED 7/14/04)**

*Plaintiff
Filed
"All ORIGINALS
UPDATES
ENTERED"
By Plaintiff-
Victim
7/04
7/29/04 accepted
12/27/04
12/27/04*

\$5,000 EXPLANT PAYMENT CLAIM FORM**Instructions****DOW CORNING BREAST IMPLANT CLAIMANTS (CLASS 5)**

Use this form to apply for the \$5,000 Explant Payment. Please read these Instructions and Section 6 in the "Claimant Information Guide" for more information.

1. WHAT IS THE \$5,000 EXPLANT PAYMENT?

The \$5,000 Explant Payment is for removal of your Dow Corning breast implant(s). To be eligible, your Dow Corning breast implant(s) must be removed **after** December 31, 1990 and **on or before** ten (10) years after the "Effective Date." (Read Question Q9-5 in the Claimant Information Guide for more information about the "Effective Date.")

2. WHAT DO I HAVE TO DO TO RECEIVE THE \$5,000 EXPLANT PAYMENT?

1/29/04 By Plaintiff
First, complete and submit the Proof of Manufacturer Form (the blue edge) and medical records or documents that show that you were implanted with a Dow Corning breast implant. (Read the Proof of Manufacturer Form Instructions.) *NONE BY ANY MEANS TO D.C. BEFORE 4/14/04*

Second, complete and submit the Explant Payment Claim Form (the yellow edge) by the deadline and one (1) of the following types of medical records that show that your Dow Corning breast implant(s) were removed after December 31, 1990 and on or before ten (10) years after the Effective Date:

- Need \$5,000 to remove I got \$1,000 down for far to go.*
- a. an itemized hospital bill; or
 - b. the bill from the surgeon who removed your breast implants; or
 - c. the surgical report; or
 - d. an insurance company's statement of benefits; or
 - e. contemporaneous hospital records (including the hospital pathology report); or
 - f. the contemporaneous office notes from the surgeon who removed your breast implants; or
 - g. a pre-operative medical document, together with confirmation from a medical provider or insurance company that the surgery actually took place as scheduled.

3. CAN I RECEIVE THE \$5,000 EXPLANT PAYMENT IF I GET SILICONE GEL BREAST IMPLANTS TO REPLACE THE DOW CORNING BREAST IMPLANTS THAT ARE REMOVED?

The answer depends on two (2) things:

- 1. The date that your eligible Dow Corning breast implant(s) were removed; and
- 2. The date that you received silicone gel breast implant(s) to replace your removed Dow Corning breast implant(s).

Please review the following standards carefully:

- A. If your Dow Corning breast implant(s) were removed during 1991 and you received any silicone gel or double lumen silicone gel breast implants during that same explant procedure, then you are not eligible for the Explant Payment.
- B. If your Dow Corning breast implant(s) were removed on or after January 1, 1992 and you received any silicone gel or double lumen silicone gel breast implants during that same explant procedure or in any subsequent procedure, then you are not eligible for the Explant Payment.
- C. If your Dow Corning breast implant(s) were removed, and you receive(d) only saline breast implants, and have not received any silicone gel breast implants, then you are eligible for the Explant Payment.

DO NOT RETURN INSTRUCTIONS WITH FORM

For assistance or questions call the Claims Assistance Program Toll Free at 1-866-874-6099 or go to www.dcsettlement.com on the internet

INSTRUCTIONS for \$5,000 EXPLANT PAYMENT CLAIM FORM

INSTRUCTIONS for \$5,000 EXPLANT PAYMENT CLAIM FORM

4. WHAT TYPES OF DOW CORNING BREAST IMPLANTS ARE ELIGIBLE FOR THE \$5,000 EXPLANT PAYMENT?

The \$5,000 Explant Payment is available for the removal of Dow Corning saline, silicone gel and double lumen (gel/saline) breast implants.

5. CAN I RECOVER THE \$5,000 EXPLANT PAYMENT IF I HAVE TWO (2) SETS OF DOW CORNING BREAST IMPLANTS REMOVED AFTER 1990?

No, you cannot recover more than one (1) \$5,000 Explant Payment. *NEVER sent TO D.C. - "ORIGINALS 9/25/03 IN 3 LAWYERS POSSESSION WHY NOT?"*

6. I CAN'T AFFORD TO HAVE MY DOW CORNING BREAST IMPLANTS REMOVED. IS THERE FINANCIAL AID AVAILABLE SO THAT I CAN GET THE IMPLANTS REMOVED?

Yes, there is an Explant Assistance Program that can assist you if you do not have the money to have your Dow Corning breast implants removed. To apply, check Box 2B on the Explant Payment Claim Form. The Settlement Facility will send you information about the Explant Assistance Program. (Read Question Q6-15 in the Claimant Information Guide for more information.) *ON REC. w/ LAWYERS SINCE 9-2*

7. WHAT IS THE DEADLINE TO SUBMIT MY EXPLANT PAYMENT CLAIM FORM AND MEDICAL RECORDS?

You must submit the Explant Payment Claim Form and medical records on or before ten (10) years after the "Effective Date." (Read Question Q9-5 in the Claimant Information Guide for more information on the "Effective Date.") Before a claim can be paid, you must also submit the Proof of Manufacturer Form (the blue edge) and acceptable proof that the removed implant(s) were made by Dow Corning. *7/29/04*

8. WHAT IF I HAVE A PROBLEM OR RECEIVE A "DEFICIENCY NOTICE" ON MY EXPLANT CLAIM? IS THERE A DEADLINE TO SUBMIT ADDITIONAL DOCUMENTS TO CORRECT THE PROBLEM?

If there is a problem with either your Explant Payment Claim Form or medical records, you will receive a letter from the Settlement Facility informing you of the problem. You will have six (6) months from the date of that letter to correct the problem. (If you do not correct the problem within this six (6) month period, then your explant claim will be rejected permanently.) You will not be eligible to receive the \$5,000 Explant Payment. Because of this short time period to correct problems, it is important that you review your medical records carefully before you send them in for review. *NOT*

If your medical records meet the proof requirement described in Questions 2 and 3 above, then you will receive a letter from the Settlement Facility informing you that your claim is approved. Approved claims will be paid after the Effective Date.

9. WHO CAN I CONTACT IF I HAVE A QUESTION OR NEED HELP?

The Claims Assistance Program is available to answer questions about how to complete the forms in your Claims Package including the Explant Payment Claim Form. They can also assist you with information on how to obtain the medical records and documents to support your claim. There is no charge to you for this service. *12/27/04 - NOW SUBMITTED*

Call Toll Free at 1-866-874-6099 or go to www.dcsettlement.com on the internet.

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\$25,000 RUPTURE PAYMENT CLAIM FORM

Instructions

DOW CORNING BREAST IMPLANT CLAIMANTS (CLASS 5)

Use the "Rupture Payment Claim Form" to apply for the \$25,000 Rupture Payment if you have a ruptured Dow Corning silicone gel breast implant. Please read these Instructions and Section 7 in the "Claimant Information Guide" for more information.

1. WHAT IS THE \$25,000 RUPTURE PAYMENT?

You will receive the \$25,000 Rupture Payment if your Dow Corning silicone gel breast implant(s) are removed and are ruptured as defined in Question 4 below, and you submit the required proof by the deadline.

X 2. WILL THE \$25,000 RUPTURE PAYMENT BE PAID IN ONE (1) LUMP SUM?

No. When your rupture claim is approved, you will receive a check for \$20,000. This is known as the Base Payment. The additional \$5,000 payment will be paid in the future after the U.S. District Court determines that all Base Payments and higher priority payments have been or can be paid or that adequate provision is made so that these payments can be made. (Read Question Q2-7 in the Claimant Information Guide for more information.)

3. WHAT DO I HAVE TO DO TO RECEIVE THE \$25,000 RUPTURE PAYMENT?

First, complete and submit the Proof of Manufacturer Form (the blue edge) and medical records or documents that show that you were implanted with a Dow Corning breast implant. (Read the Proof of Manufacturer Form Instructions.)

Accepted - Plaintiff SENT IN BY 7/29/04 BEFORE
Second, complete and submit the Rupture Payment Claim Form by the deadline and one (1) of the following types of medical records that show that your Dow Corning silicone gel breast implant(s) were ruptured:

- A. If your Dow Corning silicone gel breast implant(s) were removed before January 1, 1992, then you must submit a contemporaneous operative or pathology report documenting the rupture.
- B. If your Dow Corning silicone gel breast implant(s) were removed after January 1, 1992 and on or before the "Effective Date", then you must submit all of the following documents (Read Question Q9-5 in the Claimant Information Guide for more information about the Effective Date):

1. A contemporaneous operative report; and
2. If available, a pathology report; and
3. Complete Question 3 on the Rupture Payment Claim Form that asks whether anyone has your ruptured implants in their possession.

DO NOT RETURN INSTRUCTIONS WITH FORM

For assistance or questions call the Claims Assistance Program Toll Free at 1-866-874-6099
or go to www.dcsettlement.com on the internet

No BABS
Silicone
GET. ALWAYS
SCAPE
TISSUE
Implants
GONE

C If your Dow Corning silicone gel breast implant(s) are removed after the "Effective Date", you must submit all of the following documents (*Read Question Q9-5 in the Claimant Information Guide for more information about the Effective Date.*):

1. A contemporaneous operative report; and
2. If available, a contemporaneous pathology report; and
3. A statement from the surgeon who removed your Dow Corning silicone gel breast implant(s) (or other appropriate professional approved by the Settlement Facility) affirming that, in his or her opinion, the rupture did not occur during or after the implant removal procedure. This statement must describe the results of the inspection and provide a factual basis for the opinion (e.g., in light of silicone granuloma formation on the exterior of the biologic capsule, or findings concerning the nature of the destruction of the elastomer envelope); and
4. You must use your best efforts to cause the removed implant(s) to be saved. Complete Question 3 on the Rupture Payment Claim Form that asks whether anyone has your ruptured implants in their possession. If so, provide the name and address of the custodian, person or entity who has the implant(s).

4. WHAT IS THE DEFINITION OF "RUPTURE"?

"Rupture" means the failure of the elastomer envelope surrounding a silicone gel implant to contain the gel, resulting in contact of the gel with the body. The failure must be due to a tear or other opening in the envelope, and the tear or other opening must have occurred after implantation and before explantation. There is no rupture if the gel's contact with the body is solely the result of gel bleed.

5. CAN I RECEIVE THE \$25,000 RUPTURE PAYMENT IF THE IMPLANT(S) THAT RUPTURED CONTAINED ONLY SALINE?

No. You cannot receive the Rupture Payment if your ruptured implant(s) contained only saline.

6. WHAT IS THE "MEDICALLY CONTRAINDICATED EXCEPTION" (QUESTION 2B ON THE RUPTURE PAYMENT CLAIM FORM)?

If you have a serious, chronic medical condition that your doctor says prevents you from undergoing surgery for the removal of your ruptured Dow Corning silicone gel breast implant(s), you may still qualify for the Rupture Payment under the "Medically Contraindicated Exception." However, this is a very narrow exception that requires extensive medical records and a written statement from your doctor along with an MRI that documents that your Dow Corning silicone gel breast implant(s) are ruptured. (*Read Section 7 in the Claimant Information Guide for more information. Read this Section carefully before you submit your request to the Settlement Facility.*)

DO NOT RETURN INSTRUCTIONS WITH FORM

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7. WHAT IS THE "INDIVIDUAL REVIEW PROCESS" FOR THE \$25,000 RUPTURE PAYMENT?

The Individual Review Process -- or IRP -- is an additional way to qualify for the \$25,000 Rupture Payment. To be eligible, you must first submit your Rupture Payment Claim Form and medical records that show you have a ruptured Dow Corning silicone gel breast implant. If your medical records do not support a claim for rupture as defined in Question 4 above, then you may submit the following documents to qualify for the \$25,000 Rupture Payment:

- A. Medical documents, created before the implant removal surgery or within a reasonable time after the implant removal surgery for your Dow Corning single or double-lumen silicone gel breast implant(s), demonstrating visual confirmation of a breach in the elastomer envelope found upon or prior to removal of the Dow Corning silicone gel breast implant(s); or
- B. Medical documents demonstrating migration along tissue planes distant from the site of your Dow Corning breast implant(s) of a substantial mass of material confirmed by biopsy to be silicone from a ruptured Dow Corning single or double-lumen silicone gel breast implant.

Your medical documents in the Individual Review Process will be reviewed by Dow Corning (with all identifying information such as your name removed). If Dow Corning accepts the medical documents as proof of a rupture, then you will receive the \$25,000 Rupture Payment. (Read Section 7 in the Claimant Information Guide for more information.)

8. WHAT IS THE DEADLINE TO SUBMIT MY RUPTURE PAYMENT CLAIM FORM AND MEDICAL RECORDS?

You must submit a Rupture Payment Claim Form and medical records on or before two (2) years after the "Effective Date." (Read Question Q9-5 in the Claimant Information Guide for more information about the Effective Date.) Before a claim can be paid, you must also submit the Proof of Manufacturer Form (the blue edge) and acceptable proof that the ruptured silicone gel breast implant(s) that are removed were made by Dow Corning. If your Dow Corning breast implant(s) were removed within ninety (90) days immediately before the second (2nd) anniversary of the Effective Date, then you have an additional thirty (30) days after the second (2nd) anniversary of the Effective Date to submit the Rupture Payment Claim Form and medical records.

Handwritten: Plaintiff submitted & was "Accepted" by D.C. 7/29/04 & NOT BEFORE 3 ANNIVERSARY'S NEVER SUBMITTED

Handwritten: ANY 'ORIGINALS', CASE COULD NOT BE PROCESSED

DO NOT RETURN INSTRUCTIONS WITH FORM

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INSTRUCTIONS OF \$25,000 RUPTURE PAYMENT CLAIM FORM

Handwritten notes:
 FILED
 RECEIVED
 1/2/04
 CASE
 NOT WAS
 COMPLETE
 12/27/04

CLAIM FORMS
for
DOW CORNING
BREAST IMPLANT
CLAIMANTS
CLASS 5

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following Forms and Instructions:*

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Payment Claim Form (◆red edge ◆)

2/1/05
EXH 614
34x

**CLAIM FORMS for
DOW CORNING BREAST IMPLANT CLAIMANTS
CLASS 5**

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\$25,000 Rupture Payment Claim Form (■green edge■)

\$2,000 Expedited Release Payment or Disease Payment Claim Form

Instructions (◆red edge◆)

\$2,000 Expedited Release Payment or Disease Payment Claim Form

(◆red edge◆)

*Plaintiff
Filed*

*"All ORIGINALS
UPDATES
ENTERED"
By Plaintiff-
Victim
7/04*

7/29/04 accepted

12/27/04

12/27/04

*✓ FOR
DISEASE
AFTER
5 MAY 4, 04*

*(AFTER AN ATTORNEY'S
FIRED 7/14/04)*

\$5,000 EXPLANT PAYMENT CLAIM FORM

Instructions

DOW CORNING BREAST IMPLANT CLAIMANTS (CLASS 5)

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2. WHAT DO I HAVE TO DO TO RECEIVE THE \$5,000 EXPLANT PAYMENT?

First, complete and submit the Proof of Manufacturer Form (the blue edge) and medical records or documents that show that you were implanted with a Dow Corning breast implant. (Read the Proof of Manufacturer Form Instructions.)

Second, complete and submit the Explant Payment Claim Form (the yellow edge) by the deadline and one (1) of the following types of medical records that show that your Dow Corning breast implant(s) were removed after December 31, 1990 and on or before ten (10) years after the Effective Date: 11-1-93

- a. an itemized hospital bill; or
 b. the bill from the surgeon who removed your breast implants; or
 c. the surgical report; or
 d. an insurance company's statement of benefits; or
 e. contemporaneous hospital records (including the hospital pathology report); or
 f. the contemporaneous office notes from the surgeon who removed your breast implants; or
 g. a pre-operative medical document, together with confirmation from a medical provider or insurance company that the surgery actually took place as scheduled.

3. CAN I RECEIVE THE \$5,000 EXPLANT PAYMENT IF I GET SILICONE GEL BREAST IMPLANTS TO REPLACE THE DOW CORNING BREAST IMPLANTS THAT ARE REMOVED?

The answer depends on two (2) things:

1. The date that your eligible Dow Corning breast implant(s) were removed; and
2. The date that you received silicone gel breast implant(s) to replace your removed Dow Corning breast implant(s).

Please review the following standards carefully:

- A. If your Dow Corning breast implant(s) were removed during 1991 and you received any *silicone gel* or *double lumen silicone gel* breast implants during that same explant procedure, then you are not eligible for the Explant Payment.
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- C. If your Dow Corning breast implant(s) were removed, and you receive(d) only *saline* breast implants, and have not received any *silicone gel* breast implants, then you are eligible for the Explant Payment.

DO NOT RETURN INSTRUCTIONS WITH FORM

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or go to www.dcsettlement.com on the internet

INSTRUCTIONS for \$5,000 EXPLANT PAYMENT CLAIM FORM

INSTRUCTIONS for \$5,000 EXPLANT PAYMENT CLAIM FORM

4. WHAT TYPES OF DOW CORNING BREAST IMPLANTS ARE ELIGIBLE FOR THE \$5,000 EXPLANT PAYMENT?

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5. CAN I RECOVER THE \$5,000 EXPLANT PAYMENT IF I HAVE TWO (2) SETS OF DOW CORNING BREAST IMPLANTS REMOVED AFTER 1990?

No, you cannot recover more than one (1) \$5,000 Explant Payment. *NEVER sent TO D.C. - "ORIGINALS 9/25/03 IN 3 LAWYERS POSSESSION"*

6. I CAN'T AFFORD TO HAVE MY DOW CORNING BREAST IMPLANTS REMOVED. IS THERE FINANCIAL AID AVAILABLE SO THAT I CAN GET THE IMPLANTS REMOVED?

Yes, there is an Explant Assistance Program that can assist you if you do not have the money to have your Dow Corning breast implants removed. To apply, check Box 2B on the Explant Payment Claim Form. The Settlement Facility will send you information about the Explant Assistance Program. (Read Question Q6-15 in the Claimant Information Guide for more information.) *ON REC. W/ LAWYERS SINCE 9-2*

7. WHAT IS THE DEADLINE TO SUBMIT MY EXPLANT PAYMENT CLAIM FORM AND MEDICAL RECORDS?

You must submit the Explant Payment Claim Form and medical records on or before ten (10) years after the "Effective Date." (Read Question Q9-5 in the Claimant Information Guide for more information on the "Effective Date.") (Before a claim can be paid, you must also submit the Proof of Manufacturer Form (the blue edge) and acceptable proof that the removed implant(s) were made by Dow Corning.) *7/29/04*

8. WHAT IF I HAVE A PROBLEM OR RECEIVE A "DEFICIENCY NOTICE" ON MY EXPLANT CLAIM? IS THERE A DEADLINE TO SUBMIT ADDITIONAL DOCUMENTS TO CORRECT THE PROBLEM?

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If your medical records meet the proof requirement described in Questions 2 and 3 above, then you will receive a letter from the Settlement Facility informing you that your claim is approved. Approved claims will be paid after the Effective Date.

9. WHO CAN I CONTACT IF I HAVE A QUESTION OR NEED HELP?

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Call Toll Free at 1-866-874-6099 or go to www.dcsettlement.com on the internet.

DO NOT RETURN INSTRUCTIONS WITH FORM

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\$25,000 RUPTURE PAYMENT CLAIM FORM

I n s t r u c t i o n s

DOW CORNING BREAST IMPLANT CLAIMANTS (CLASS 5)

Use the "Rupture Payment Claim Form" to apply for the \$25,000 Rupture Payment if you have a ruptured Dow Corning silicone gel breast implant. Please read these Instructions and Section 7 in the "Claimant Information Guide" for more information.

1. WHAT IS THE \$25,000 RUPTURE PAYMENT?

You will receive the \$25,000 Rupture Payment if your Dow Corning silicone gel breast implant(s) are removed and are ruptured as defined in Question 4 below, and you submit the required proof by the deadline.

X 2. WILL THE \$25,000 RUPTURE PAYMENT BE PAID IN ONE (1) LUMP SUM?

No. When your rupture claim is approved, you will receive a check for \$20,000. This is known as the Base Payment. The additional \$5,000 payment will be paid in the future after the U.S. District Court determines that all Base Payments and higher priority payments have been or can be paid or that adequate provision is made so that these payments can be made. (Read Question Q2-7 in the Claimant Information Guide for more information.)

3. WHAT DO I HAVE TO DO TO RECEIVE THE \$25,000 RUPTURE PAYMENT?

First, complete and submit the Proof of Manufacturer Form (the blue edge) and medical records or documents that show that you were implanted with a Dow Corning breast implant. (Read the Proof of Manufacturer Form Instructions.)

Second, complete and submit the Rupture Payment Claim Form by the deadline and one (1) of the following types of medical records that show that your Dow Corning silicone gel breast implant(s) were ruptured:

- A. If your Dow Corning silicone gel breast implant(s) were removed before January 1, 1992, then you must submit a contemporaneous operative or pathology report documenting the rupture.
- B. If your Dow Corning silicone gel breast implant(s) were removed after January 1, 1992 and on or before the "Effective Date", then you must submit all of the following documents (Read Question Q9-5 in the Claimant Information Guide for more information about the Effective Date):
 1. A contemporaneous operative report; and
 2. If available, a pathology report; and
 3. Complete Question 3 on the Rupture Payment Claim Form that asks whether anyone has your ruptured implants in their possession.

DO NOT RETURN INSTRUCTIONS WITH FORM

For assistance or questions call the Claims Assistance Program Toll Free at 1-866-874-6099 or go to www.dcsettlement.com on the internet

INSTRUCTIONS for \$25,000 RUPTURE PAYMENT CLAIM FORM

No BAGS
Silicone
GET. APPROVED
SCAP
TISSUE
Implants
GONE

C. If your Dow Corning silicone gel breast implant(s) are removed after the "Effective Date", you must submit all of the following documents (*Read Question Q9-5 in the Claimant Information Guide for more information about the Effective Date.*):

1. A contemporaneous operative report; and
2. If available, a contemporaneous pathology report: and
3. A statement from the surgeon who removed your Dow Corning silicone gel breast implant(s) (or other appropriate professional approved by the Settlement Facility) affirming that, in his or her opinion, the rupture did not occur during or after the implant removal procedure. This statement must describe the results of the inspection and provide a factual basis for the opinion (e.g., in light of silicone granuloma formation on the exterior of the biologic capsule, or findings concerning the nature of the destruction of the elastomer envelope); and
4. You must use your best efforts to cause the removed implant(s) to be saved. Complete Question 3 on the Rupture Payment Claim Form that asks whether anyone has your ruptured implants in their possession. If so, provide the name and address of the custodian, person or entity who has the implant(s).

4. WHAT IS THE DEFINITION OF "RUPTURE"?

"Rupture" means the failure of the elastomer envelope surrounding a silicone gel implant to contain the gel, resulting in contact of the gel with the body. The failure must be due to a tear or other opening in the envelope, and the tear or other opening must have occurred after implantation and before explantation. There is no rupture if the gel's contact with the body is solely the result of gel bleed.

5. CAN I RECEIVE THE \$25,000 RUPTURE PAYMENT IF THE IMPLANT(S) THAT RUPTURED CONTAINED ONLY SALINE?

No. You cannot receive the Rupture Payment if your ruptured implant(s) contained only saline.

6. WHAT IS THE "MEDICALLY CONTRAINDICATED EXCEPTION" (QUESTION 2B ON THE RUPTURE PAYMENT CLAIM FORM)?

If you have a serious, chronic medical condition that your doctor says prevents you from undergoing surgery for the removal of your ruptured Dow Corning silicone gel breast implant(s), you may still qualify for the Rupture Payment under the "Medically Contraindicated Exception." However, this is a very narrow exception that requires extensive medical records and a written statement from your doctor along with an MRI that documents that your Dow Corning silicone gel breast implant(s) are ruptured. (*Read Section 7 in the Claimant Information Guide for more information. Read this Section carefully before you submit your request to the Settlement Facility.*)

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7. WHAT IS THE "INDIVIDUAL REVIEW PROCESS" FOR THE \$25,000 RUPTURE PAYMENT?

The Individual Review Process -- or IRP -- is an additional way to qualify for the \$25,000 Rupture Payment. To be eligible, you must first submit your Rupture Payment Claim Form and medical records that show you have a ruptured Dow Corning silicone gel breast implant. If your medical records do not support a claim for rupture as defined in Question 4 above, then you may submit the following documents to qualify for the \$25,000 Rupture Payment:

- A. Medical documents, created before the implant removal surgery or within a reasonable time after the implant removal surgery for your Dow Corning single or double-lumen silicone gel breast implant(s), demonstrating visual confirmation of a breach in the elastomer envelope found upon or prior to removal of the Dow Corning silicone gel breast implant(s); or
- B. Medical documents demonstrating migration along tissue planes distant from the site of your Dow Corning breast implant(s) of a substantial mass of material confirmed by biopsy to be silicone from a ruptured Dow Corning single or double-lumen silicone gel breast implant.

Your medical documents in the Individual Review Process will be reviewed by Dow Corning (with all identifying information such as your name removed). If Dow Corning accepts the medical documents as proof of a rupture, then you will receive the \$25,000 Rupture Payment. (Read Section 7 in the Claimant Information Guide for more information.)

8. WHAT IS THE DEADLINE TO SUBMIT MY RUPTURE PAYMENT CLAIM FORM AND MEDICAL RECORDS?

You must submit a Rupture Payment Claim Form and medical records on or before two (2) years after the "Effective Date." (Read Question Q9-5 in the Claimant Information Guide for more information about the Effective Date.) Before a claim can be paid, you must also submit the Proof of Manufacturer Form (the blue edge) and acceptable proof that the ruptured silicone gel breast implant(s) that are removed were made by Dow Corning. If your Dow Corning breast implant(s) were removed within ninety (90) days immediately before the second (2nd) anniversary of the Effective Date, then you have an additional thirty (30) days after the second (2nd) anniversary of the Effective Date to submit the Rupture Payment Claim Form and medical records.

FILED
RECEIVED
12/04
ASS
STILL WAS
"NOT
COMPLETE
BY 12/27/04

PLAINTIFF SUBMITTED & WAS "ACCEPTED" BY
D.C. 7/29/04 + NOT BEFORE
3 MONTHS NEVER SUBMITTED
ANY "ORIGINALS", CASE COULD NOT
BE PROCESSED

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WHAT IF I HAVE A PROBLEM IN RECEIVING A DEFICIENCY NOTICE ON MY RUPTURE CLAIM? IS THERE A DEADLINE TO SUBMIT ADDITIONAL DOCUMENTS TO CORRECT THE PROBLEM?

If there is a problem with either your Rupture Payment Claim Form or medical records, you will receive a letter from the Settlement Facility informing you of the problem. You will have six (6) months from the date of that letter to correct the problem. If you do not correct the problem within this six (6) month period, then your rupture claim will be rejected permanently. Because of this short time to correct problems, it is important that you review your medical records carefully before you send them in for review.

If your medical records meet the proof requirements described in Question 3 above, then you will receive a letter from the Settlement Facility informing you that your claim is approved. Approved claims will be paid after the Effective Date.

3. WHO CAN I CONTACT IF I HAVE A QUESTION OR NEED HELP?

The Claims Assistance Program is available to answer questions about how to complete the forms in your Claims Package including the Rupture Payment Claim Form. They can also assist you with information on how to obtain the medical records and documents to support your claim. There is no charge to you for this service.

Call **Toll Free** at 1-866-874-6099 or go to www.dcsettlement.com on the internet.

Handwritten notes:
 Rupture Claim
 Letter 9/13/01
 Please to
 Show S. records
 R+SH
 Since 1997 No
 Implant
 S. records
 JUST ME
 + HUGO + BILLY
 WE ARE ALL
 AT THIS!
 12/27/01

DO NOT RETURN INSTRUCTIONS WITH FORM

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**\$2,000 EXPEDITED RELEASE PAYMENT OR
DISEASE PAYMENT CLAIM FORM**
I n s t r u c t i o n s

DOW CORNING BREAST IMPLANT CLAIMANTS (CLASS 5)

Use this form to apply for either 1) the \$2,000 Expedited Release Payment or 2) a Disease Payment ranging from \$12,000 - \$300,000 (including a Premium Payment). Please read these Instructions, the "Claimant Information Guide" and the "Disease Claim Information Guide" for more information.

A. WHAT IS THE \$2,000 EXPEDITED RELEASE PAYMENT?

1. WHAT IS THE \$2,000 EXPEDITED RELEASE PAYMENT?

You will receive the \$2,000 Expedited Release Payment simply by showing that you were implanted with a Dow Corning breast implant. If you accept this payment, you will not be able to receive a Disease Payment.

2. WHAT DO I NEED TO DO TO RECEIVE THE \$2,000 EXPEDITED RELEASE PAYMENT?

First, complete and submit the Proof of Manufacturer Form (the blue edge) and medical records or documents that show that you were implanted with a Dow Corning breast implant.

Second, check Box 2A on the Expedited Release Payment Claim Form and return it to the Settlement Facility by the deadline.

3. WHAT IS THE DEADLINE TO APPLY FOR AN EXPEDITED RELEASE PAYMENT?

You must submit the Expedited Release Payment Claim Form (the red edge) on or before three (3) years after the "Effective Date." (Read Question Q9-5 in the Claimant Information Guide for more information about the Effective Date.)

B. WHAT IS THE DISEASE PAYMENT?

1. WHAT IS THE DISEASE PAYMENT?

The Disease Payment provides payment ranging from \$12,000 - \$300,000 (including a Premium Payment) if you submit the medical records and documents that show that you have one (1) of the diseases or conditions listed below and you have a related disability or meet the severity criteria for that disease or condition.

There are nine (9) eligible diseases and conditions in Disease Options 1 and 2. The eligible diseases and conditions are:

- Atypical Connective Tissue Disease (ACTD)
- Atypical Neurological Disease Syndrome (ANDS)
- Primary Sjogren's Syndrome (PSS)
- Mixed Connective Tissue Disease (MCTD)/ Overlap Syndrome
- Systemic Sclerosis / Scleroderma (SS)
- Systemic Lupus Erythematosus (SLE)
- Polymyositis (PM)
- Dermatomyositis (DM)
- General Connective Tissue Symptoms (GCTS)

*BTA 94-95
Plus more by
I Bet Now*

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Disease Option 2 payment amounts are determined by the severity level of your approved compensable disease or condition.

DISEASE OPTION 2 PAYMENT SCHEDULE

Locate your approved disease or condition in Disease Option 2 below and the severity level of that disease or condition	You must have proof that you have or had a Dow Corning breast implant and did not have a Bristol, Baxter or 3M silicone gel breast implant**		
	Base Payment	+ Premium Payment	= Total Payment
Scleroderma (SS) or Lupus (SLE); Severity Level A	\$250,000	+ \$50,000	= \$300,000
Scleroderma (SS) or Lupus (SLE); Severity Level B	\$200,000	+ \$40,000	= \$240,000
Scleroderma (SS) or Lupus (SLE); Severity Level C	\$150,000	+ \$30,000	= \$180,000
Polymyositis (PM) or Dermatomyositis (DM) (there is only one severity level for PM and DM); General Connective Tissue Symptoms (GCTS), Severity Level A	\$110,000	+ \$22,000	= \$132,000
General Connective Tissue Symptoms (GCTS); Severity Level B	\$75,000	+ \$15,000	= \$90,000

LOWEST Payment is
** If you have acceptable proof that you have or had a Bristol, Baxter or 3M silicone gel breast implant, the Total Payment amount will be reduced by 50%.

4. I AM NOT SURE IF I HAVE LUPUS OR ACTD. THE DISEASE PAYMENT OPTION CLAIM FORM SAYS I MAY PICK ONLY ONE (1) DISEASE. HOW DO I DECIDE WHICH TO SELECT?

Consult with your doctor prior to completing the Disease Payment Claim Form about what disease or condition he or she has diagnosed or determined you may have. Check the box that matches your diagnosis and supporting medical records. If you check the box for either lupus, scleroderma, polymyositis, dermatomyositis or GCTS and do not qualify, then the Settlement Facility will review your claim for ACTD and/or ANDS if, in the judgment of the Settlement Facility, it appears that you may qualify for one (1) of these conditions.

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INSTRUCTIONS for \$2,000 EXPEDITED RELEASE PAYMENT OR DISEASE PAYMENT CLAIM FORM

ACCEPTABLE BRAND NAMES FOR DOW CORNING BREAST IMPLANTS

BRAND NAME	STATUS
Cronin	Acceptable if your breast implants were implanted in or from 1963 - 1971
Dow Corning	Acceptable
Dow Corning Wright	Acceptable
DC or DCW	Acceptable
Mueller, V. or V. Mueller	Acceptable if your breast implants were implanted after January 1, 1968 and before August 31, 1974
SILASTIC or Silastic	Acceptable
SILASTIC II or Silastic II	Acceptable
SILASTIC MSI or Silastic MSI	Acceptable
"silastic" - in all lower case letters	Acceptable if it is contained in a contemporaneous operative report for a breast implantation prior to 1969, provided that there is no other information in your records that is inconsistent with a Dow Corning product. This type of proof shall be used only if you do not have any explant records demonstrating a "Unique Identifier."
Varifil	Acceptable

6. IS THERE A DEADLINE TO SUBMIT THE PROOF OF MANUFACTURER FORM AND MEDICAL RECORDS OR DOCUMENTS?

NEVER BEFORE ENDED 7/29/04 Accepted by Plaintiff

Yes, you must submit the Proof of Manufacturer Form and medical records or documents on or before fifteen (15) years after the "Effective Date." (Read Question Q9-5 in the Claimant Information Guide for more information on the Effective Date.) Please note, however, that you can receive payment for Explant, Rupture, and Expedited Release or Disease only after you have first completed and submitted the Proof of Manufacturer Form and medical records or documents.

7. WHO CAN I CONTACT IF I HAVE A QUESTION OR NEED HELP?

The Claims Assistance Program is available to answer questions about how to complete the forms in your Claims Package including the Proof of Manufacturer Form. They can also assist you with information on how to obtain the medical records and documents to support your claim. *DATE*

There is no charge to you for this service. *Never signed on w/ 3 ATTORNEYS 7/29/04 only*

Call Toll Free at 1-866-874-6099 or go to www.dcsettlement.com on the internet. *Accepted*

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5. WHAT IS THE DEADLINE TO SUBMIT A DISEASE CLAIM?

You must submit the Disease Payment Claim Form (the red edge) and supporting medical records on or before fifteen (15) years after the "Effective Date." (*Read Question Q9-5 in the Claimant Information Guide for more information about the Effective Date.*) Before a disease claim can be reviewed or paid, you must also complete and submit the Proof of Manufacturer Form (the blue edge) and medical records or documents that show that you were implanted with a Dow Corning breast implant.

6. WHAT IF I HAVE A PROBLEM OR RECEIVE A "DEFICIENCY NOTICE" ON MY DISEASE CLAIM? IS THERE A DEADLINE TO SUBMIT ADDITIONAL DOCUMENTS TO CORRECT THE PROBLEM?

If there is a problem with your disease claim, the Settlement Facility will inform you of the problem. You will have one (1) year from the date of the letter informing you of the deficiency to correct the problem. If you do not correct the problem within this one (1) year period, then your disease claim will be denied, and you will be limited in the future to applying for a new compensable condition that manifests after the conclusion of the one (1) year period to cure the deficiency.

Because of this short time to correct problems, it is important that you review your medical records carefully before you send them in for review. Do not send your records to the Settlement Facility in a piecemeal fashion. Once a disease claim is received, the Settlement Facility will review and evaluate your claim based on the medical records and documents in your file at that time. If you have not submitted all of your medical records and documents that support your claim, then you will receive a deficiency notice letter informing you that your claim is being denied.

If your medical records meet the proof requirements described in the Claimant Information Guide, then you will receive a letter from the Settlement Facility informing you that your claim is approved. Approved claims will be paid after the Effective Date.

7. WHO CAN I CONTACT IF I HAVE A QUESTION OR NEED HELP?

The Claims Assistance Program is available to answer questions about how to complete the forms in your Claims Package. They can also assist you with information on how to obtain the medical records and documents to support your claim. There is no charge for this service.

Call Toll Free at 1-866-874-6099 or go to www.dcsettlement.com on the internet.

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F00004-1

\$2,000 EXPEDITED RELEASE PAYMENT OR DISEASE PAYMENT CLAIM FORM

DOW CORNING BREAST IMPLANT CLAIMANTS (CLASS 5)

Use this form to apply for either the \$2,000 Expedited Release Payment
OR a Disease Payment ranging from \$12,000 - \$300,000.

1. Use the peel-off label provided in your packet.

APPLY YOUR LABEL HERE

PROVIDE UPDATES OR CORRECTIONS BELOW:

1. Social Security Number: _____
2. Date of Birth: _____
Mon /Date/Year
3. New Last Name _____
4. New Address _____
City _____ State _____ Zip Code _____
5. Daytime Phone: (____) _____
6. Evening Phone: (____) _____
7. Attorney's Name/Address/Phone/Fax: _____

8. If you want to receive newsletters or information about your claim by e-mail, provide your e-mail address: _____

2. Check Box 2A to apply for the \$2,000 Expedited Release Payment or Box 2B to apply for the Disease Payment. Do not check both boxes.

2A. ☐ I am making a claim for the \$2,000 Expedited Release Payment. I understand that I am giving up my right to apply for the Disease Payment now or in the future. The deadline to apply for this payment is three (3) years from the Effective Date. (If you check this box, skip to Question 6 and sign the form.)

OR

2B. ☒ I am making a claim for a Disease Payment. M.L. I have obtained all of the medical records and documents required to support my claim, and I am ready to have my disease claim evaluated. The deadline to apply for this payment is fifteen (15) years from the Effective Date. (If you check this box, proceed to Question 3.)

◆ **\$2,000 EXPEDITED RELEASE OR DISEASE PAYMENT CLAIM FORM** ◆

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F00004-3

5. Please check either Box 5A or 5B below:

- 5A. ☐ Attached to this form are new or additional medical records that support my disease claim. (Please keep a copy for your file.)
- 5B. ☐ I have already submitted medical records and documents that support my disease claim, and I do not have any additional records to submit.

6. Sign the form below. If you are applying for the Expedited Release Payment, you must sign and return this form on or before three (3) years after the Effective Date.

If you are applying for a Disease Payment, you must sign and return this form along with medical records on or before fifteen (15) years after the Effective Date.

I declare under penalty of perjury that the information for this claim is true, correct and complete to the best of my knowledge, information and belief.

Date Signed

Signature of Claimant, Executor/Administrator, or Guardian

1993
RASH, SILICONE
THALOSIN
Body
Medical
RECORDS
10 PERPES
10 COURT
NEVER
SUBMITTED TO
J. CORNING
BY 3 ATTORNEYS
WHY NOT
(M.L.)
"ORIGINALS
FROM 9/25/03
4/14/04
WHY?"

◆ \$2,000 EXPEDITED RELEASE OR DISEASE PAYMENT CLAIM FORM ◆

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Could what happened to
this case? 04-CV-11588-1 of 2

DEAR Samuel Pollick, Michael Hugo,
+ Albert Flanders:
RE: fen fen case / REDUX

Kindly locate my file RE:
FEN-FEN w/ ALL THE EVIDENCE I
supplied you with, THE VISITS
TO THE R.I. SOCIETY OF CREIGHTONS
OFFICE TO RECEIVE THE FEN-FEN

AND ALSO "ALL" prescription
print out from Brooks

Pharmacy - in Prov. R.I. in before
+ 2/28/96, + THERE ON -

AND ANY LETTERS OF
"ACCEPTANCE" WHEN you filed my
CASES FOR ME MARGETTA LANGLOIS
(my DAUGHTER KATHERINE E. HATCH,

(727)
745-0098 OF TARPON SPRINGS, FLA. WHO
will also be contacting you
for HER "STATUS" of Case -

I Hope you filed up
CASES in proper timely

2 of 2

MANNER — I REFERRED HER TO
HUGO + POLLOCK —

KINDLY BRING my "full
FILE w/ ALL EVIDENCE" I
SUBMITTED TO YOU AT

HUGO + POLLOCK YEARS AGO. —

* KINDLY BRING IT TO COURT
ON 2/16/05 OUR COURT

"DO HEARING — w/ STATUS — PHONE
NOT MAIL IT ANYWHERE!
THEY'RE SETTING UP IT"

SURE YOU'RE VERY WELL AWARE —

w/ NOTICES FROM THE COMPANIES —
WHO HAS my FILE, & my
DOCUMENTS?

C.C. HUGO POLLOCK — MARGARET LANGLOIS pres.
HANDERS — 1/18/05